



# Virginia Department of Behavioral Health & Developmental Services

**Richmond Focus Group  
IRC Conference Room  
Thursday, June 9, 2016**

## **BARRIERS TO WELLNESS IDENTIFIED WELLNESS MATRIX GROUP DISCUSSION OUTPUTS**

### **I. Question: What are the challenges why many providers are not able to accept non-English speaking refugee clients?**

Group response summary: lack of funding, non-tailored therapy modality, lack of language services, lack of cultural competency, and limited service provision

Lack of funding includes: issue of translation services, difficulty with staffing, limited amount of interpreter services can bill Medicaid, and lack of reimbursement for Medicaid interpreter services

Non-tailored therapy modality: issue of short-term versus long-term therapy not fitting the needs of the client

Lack of language services: limited availability of quality services, lack of standards of quality regarding competency of service providers, and limited amount of trained Bilingual Clinicians

Lack of cultural competency: driven by fear and/or unfamiliar clientele

Limited service provision: constraints of short-term vs. long-term agency/state guidelines regarding frequency of contact

### **II. Question: What are the challenges providers face having non-English speaking clients?**

Group response summary: lack of understanding, constrained service provision, and quality control issues

Lack of understanding: communication issues stem from language barriers, lack of understanding culture, unconscious bias in staffers, and issues with identifying role regarding confidentiality requirements and roles as support systems

Constrained service provision: current models of service provision don't match the needs of refugees, selecting appropriate methods of service is time consuming, lack of resources (ie. interpreters)

Quality control issues: varying degrees of literacy/education levels and trust

### **III. Question: What are the challenges direct providers face with non-English speakers?**

Group response summary: limited amount of time, issues with the referral process, and issues with transportation

Limited amount of time: difficult to bridge cultural gaps, communication and literacy barriers, and lack of resources/understanding of refugee cultural values

Issues with the referral process: lack of networks of alternative providers/specialists, extended period of time spent waiting to see providers, and lack of resources

Issues with transportation: unreliable mobility and the influence of being late that conflicts with cultural values, lack of understanding the cultural values of the refugees, and widespread misinterpretation of medical terminology